

WRITE PLAINLY. WITH INK. IN ANSWERING QUESTIONS. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

REC'D OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Marlboro,
Township of Smithville,
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only

78343

Registration District No. 3306 Registered No. 97
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Otis Conwell

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH: Aug. 13 / 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hessie Conwell,
(9) PRESENT POSTOFFICE OF FATHER Osborne, N.C.
(10) COLOR Negro, (11) AGE AT LAST BIRTHDAY 35
OR RACE (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Healen Odum,
(15) PRESENT POSTOFFICE OF MOTHER Osborne, N.C.
(16) COLOR Negro, (17) AGE AT LAST BIRTHDAY 24
OR RACE (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House Work
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 11.2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marvina Oulex,
(24) State whether Physician or Midwife Midwife, (25) Address of Physician or Midwife Osborne, N.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct. 7/1916 (28) A. H. Priest Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.